

Office of Health Care Assurance

State Licensing Section

**STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION**

<b>Facility's Name:</b> Lydia Quemado (ARCH)	<b>CHAPTER 100.1</b>
<b>Address:</b> 94-1292 Huakai Street, Waipahu, Hawaii 96797	<b>Inspection Date:</b> May 18, 2017 Annual

**THIS PAGE MUST BE SUBMITTED WITH YOUR PLAN OF CORRECTION. IF IT IS NOT, YOUR PLAN OF CORRECTION WILL BE RETURNED TO YOU, UNREVIEWED.**

STATE OF HAWAII  
OFFICE OF HEALTH CARE ASSURANCE  
STATE LICENSING SECTION  
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	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (b) All individuals who either reside or provide care or services to residents in the Type I ARCH shall have documented evidence of an initial and annual tuberculosis clearance.</p> <p><b><u>FINDINGS</u></b></p> <ul style="list-style-type: none"> <li>• PCG, SCG #1, SCG #2, SCG #3 – No documented evidence of an initial tuberculosis clearance.</li> <li>• SCG #3 – No annual tuberculosis clearance.</li> </ul>	<p><b>PART 1</b></p> <p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p><i>yes, all clearance are up to date. Copies are in the binder.</i></p> <p><i>L.O</i></p>	<p><i>3/8/19</i></p> <p>19 MAR -8 AM 1:41</p> <p>STATE MARIETTA STABLE</p>

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	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (e)(4) The substitute care giver who provides coverage for a period less than four hours shall:</p> <p>Be trained by the primary care giver to make prescribed medications available to residents and properly record such action.</p> <p><b>FINDINGS</b> SCG #3 – No training by PCG to make prescribed medications available to residents.</p>	<p><b>PART 1</b></p> <p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p><i>yes training provided to SCG-3 and records on file.</i></p> <p><i>L. L.</i></p>	<p><i>3/8/19</i></p> <p>19 MAR -8 AM 1:41</p> <p>STATE OF MA DEPARTMENT OF STATE POLICE</p>

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Licensee's/Administrator's Signature: S. Guern

Print Name: Lydia Quernadi

Date: 11-1-18

Licensee's/Administrator's Signature: Lydia Quernadi

Print Name: Lydia Quernadi

Date: 3/08/19

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